Under the Peperwork Red	urdion Act of 1	885 no nersons ere raco	uined to n	U.S. Pata	nt and Tra	oproved for use to demark Office; U	PTO/SB/17 (12-04 hrough 07/31/2006, OMB 0651-00 S. DEPARTMENT OF COMMER	
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Fees pursuant to the Consc						09/855.804		
		SMITTA	\ L	Filing Date		May 16, 200	1	
J F	or FY	2005		First Named In	ventor	Linda Ann Ro		
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Jason E. Mattis					
			Art Unit					
TOTAL AMOUNT OF PA	YMENT ((\$) 120.00		Attorney Dock	et No.	BS00337		
METHOD OF PAYME	NT (check	all that apply)						
Check Credit		Money Order	Non	e Other	please ide	entify):		
Deposit Account				DenneR A	comint Na			
For the above-ider	ntified depos	it account, the Directo	or is hen	by authorized to	o: (check	all that apply)		
✓ Charge fee(s) indicated	below						
Charge any under 37 CF WARNING: Information and authorization	R 1.16 and	hannes autile A.m.		(s) V Cred	t anv ove	emayments	r, except for the flling fee	
FEE CALCULATION		, , , , , , , , , , , , , , , , , , ,		-				
1. BASIC FILING, SEA	RCH AND	EYAMINATION E	EEO			-		
	FILING			CH FEES	FYAM	INATION FEE	:e	
Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity		Small Entit	¥ .	
Utility	30D	150	200	Fee (\$)	<u>Fee (</u>	~	Fees Paid (\$)	
Design	200	100	100	250	200	100		
Plant	200	100	300	50	.130	65	·	
Reissue	300	150	500	150	160	80		
Provisional	200	100	0	250	600	300	-	
2. EXCESS CLAIM FE			U	0	. 0	. 0		
Fee Description				•		Fee (\$)	<u>Small Entity</u> Fee (\$)	
Each claim over 20 (Each independent cla	including F	(including Poisson	->	•		50	25	
Multiple dependent of	laims	(meruding Reissue:	8)	-		200	100	
Total Claims	Extra Clair	ms Fee (\$)	Fee P	afd (\$)		360	180 Dependent Claims	
- 20 or HP =	1 alab	×=				Fee (\$)		
HP = highest number of total indep. Claims	celms paid fi Extra Cisi	or, if greater than 20. <u>Fee (\$)</u>	Eco D	old (E)			1 00 Fatu (9)	
- 3 or HP =	•			eid (\$)	•			
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If the specification and	drawings a	exceed 100 sheets o	of pape	r (excluding el	ectronic	ally filed sea	Ilendo on communica	
						mall entity) for	uence or computer or each additional 50	
<u>Total Sheets</u> - 100 =	Extra She		1 each	d 37 CFR 1.16 additional 50 or round up to a wi	(S). Traction	thereof Fo	Po (\$) Fee Paid (\$)	
OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): One month extension of time fee 37 CFR 1.17(a)(1)							Fees Paid (5)	
Outer (e.g., late filing	surcharge):One month extension	on of tim	e fee 37 CFR 1.	17(a)(1)		\$120.00	
BMITTED BY								
Registration No. 45,197					Teleph	Telephone 757.253.5729		
me (Print/Type) Bambi Faiv	re Walters		1 1/2/18	ALLIA LANGE IN THE PARTY OF THE			March 11, 2005	
						I DOLD N	PRINCIPLE ZUND	

This collection of information is required by 37 CFR 1.186. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including garbaring, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the inclindual case, any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionar for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name (Print/Type) Bambi Falvre Watters

Date March 11, 2005

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Effective on 12/08/2004.		Complete if Known	
Fees pursuent to the Consolidated Appropriations Act. 2005 (H.R. 4818).	Application Number	09/855,804	
FEE TRANSMITTAL	Filing Date	May 16, 2001	
For FY 2005	First Named Inventor	Linda Ann Roberts	
	Examiner Name	Jason E. Mattis	_
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2665	
TOTAL AMOUNT OF PAYMENT (\$) 120.00	Attorney Docket No.	BS00337	
METHOD OF PAYMENT (check all that apply)			
Check Credit Card Money Order No Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is he Charge fee(s) indicated below Charge any additional fee(s) or underpayments of the under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.	Deposit Account N ereby authorized to: (chec Charge fee(s) Credit any or	k all that apply)) indicated below, except for verpayments	the filing fee
FEE CALCULATION			
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1411	0 (ee Paid (\$)	200 10 360 18 <u>Multiple Depende</u>	(\$) 25 00 80
-3 or HP = x = x = HP = highest number of independent dalms paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of plistings under 37 CFR 1.52(e)), the application size sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C)	fee due is \$250 (\$125) 3) and 37 CFR 1.16(s).	onically filed sequence or for small entity) for each a	computer
Total Sheets Extra Sheets Number of e - 100 =	ach additional 50 or frac (round up to a whole ty discount)	number) x	Fees Paid (\$)
Other (e.g., late filing surcharge): One month extension		(X1)	\$120.00
Signature 86 3	Registration No. 45,197	Telephone 757	.253.5729 .

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